

CORRECTIVE / PREVENTIVE ACTION - Section 14

The supplier will be notified of any significant rejection via phone, e-mail, or other means.

A Non-Conforming Material Report (NCMR) will be sent to the supplier with all of the pertinent information provided. (See **following** examples.)

If a Global 8D Report (G8D) is required; it will be noted on the NCMR.

Powers & Sons, LLC recommends that all suppliers use the G8D Report for corrective and preventive actions, unless a similar form utilizes similar tools.

An electronic Global 8D Report (G8D) form is provided in the form file.

In conjunction with the Global 8D Report, all suppliers must adhere to corrective and preventive action as addressed in the latest IATF Standard.

POWERS AND SONS
Non-Conforming Material Report

NCMR SERIAL # _____

DATE: _____
 SUPPLIER _____
 SUPPLIER PH:#: _____
 SUPPLIER CONTACT _____
 SUPPLIER BPCS Code: _____
 Defect Code(s): _____
 Is this a RECURRANCE? (Yes or No) NO - This is not a Recurrence

Author _____
 PART NO.: _____
 PART NAME: _____
 TOTAL QUANTITY: _____
 Estimated Total Defective: _____
 Discrepancy Location: _____
 Packing Slip #: _____

Discrepancy: (Ref. Eng. Spec):

PS WILL CHECK NEXT 5 SHIPMENTS AND DEBIT ACCOURDINGLY: YES

	Shipments Reviewed	Review Date	Inspection Instruction, Sample Size
1			
2			
3			
4			
5			

Example Only

A=ACCEPT; R=REJECT

Date Sent to Accounting: _____

HISTORY - (Phone Log/Conversation):

Actions Taken: SORT / REWORK / SCRAP / USE / DEVIATION / RETURN

SORTING / REWORK / DEVIATION CRITERIA:

ACTUAL PIECES AFTER FINAL SORT, REWORK, SCRAP, ETC.: _____

Certified Stock Required YES If Yes - 90 Days Mimimum

Replacement Stock Required YES

Est. Replacement Date: _____

3-D Required 3D Due Date: _____

8D Due Date: _____

8-D Required

8D Closure: _____

PS Sign-off Review:

Name _____	Name _____	Name _____
Date _____	Date _____	Date _____

PLEASE FAX 3D AND 8D TO THE ATTENTION OF THE AUTHOR OF THE NCMR: (419) 485 - 8285

Return Authorization No: _____ OR (N/A) Authorized _____

Final Disposition:

Samples Sent to Supplier YES # of Pcs: _____ Date Samples Sent: _____

ATTACHMENTS - SUPPLIER LOT TRACEABILITY: (If Applicable)

Example Only

HoldTags

Part Number

Hold Tag Number

Control Number

Quantity

Condition

Operation

CC: _____

ADDITIONAL NOTES:

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-
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